



**Friends of the National Institute of Dental & Craniofacial Research
2007 Annual Gala**

Corporate Sponsorship Form

DEADLINE to be included in the Onsite Program is October 20, 2007
Please Print

Company/Organization

Contact First Name Last Name Phone Email

Address City State Zip

<u>Sponsorship Levels</u>	<i>Platinum</i>	<i>Gold</i>	<i>Silver</i>	<i>Bronze</i>	<i>Other</i>
<i>Check One</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount	\$10,000	\$5000	\$2500	\$1500	\$_____
# Free Tickets	8 (1 table)	5	2	1	---

Additional Tickets @ \$125 each = \$ _____

Attendees Information (Required for nametag & seating arrangements. Please print)

Name	Company	Name	Company
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Payment

CHECK: Please send your check payable to FNIDCR along with this completed form to:

FNIDCR 1901 Pennsylvania Avenue NW, Suite 607, Washington DC 20006

CREDIT CARD: Fax this form with credit card payments to **202-463-1257**

Credit Card Information: Visa MasterCard Expiration Date (mo/yr) ____ / ____ Card Number: _____

Cardholder's name on card (print) _____ Cardholder's signature _____

For More Information:

Contact Peter Anas, FNIDCR Executive Director @ 202-223-0667 or peter@fnidcr.org